PID3

## TRENDS IN INPATIENT COSTS FOR ACUTE PANCREATITIS IN THE UNITED STATES

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Although the care of patients with pancreatitis-related complications is estimated to be much more resource-intensive than that provided to other critically-ill patients, information on the cost of acute pancreatitis is limited. **OBJECTIVES:** To examine trends in the incidence and cost of acute pancreatitis-related hospitalizations in the United States, and to ascertain patient disposition at discharge to evaluate the extent to which costs may extend beyond the initial hospitalization. **METHODS:** Data were obtained from the 1995–1997 Health care Cost and Utilization Project database. ICD-9-CM code 577.0 was used to identify hospitalizations with a primary or secondary diagnosis of acute pancreatitis. Patient demographics, length of stay (LOS), total charges (in constant 1995 dollars), and discharge status were assessed. **RESULTS:** Between 1995 and 1997, the number of acute pancreatitis-related hospitalizations increased by 9.1% from 241,178 to 263,136. During that period, the average LOS decreased by 9.5% from 8.4 days to 7.6 days and the mean hospital charges decreased by 4.9% from $19,222 to $18,280. Using LOS 15 days as a proxy for severity, severe acute pancreatitis-related hospital discharges decreased from 30,444 in 1995 to 27,839 in 1997. During that period, the average LOS remained constant (28.9–28.4 days) and the mean charges increased from $77,572 to $82,043. Nationwide, the projected pancreatitis-related inpatient charges have increased from $4.6 to $4.8 billion. Despite representing 12% of admissions, severe acute pancreatitis-related charges represented 49% of all acute pancreatitis-related inpatient charges. 38–41% of patients were discharged to another facility, suggesting that these cost estimates are conservative. **CONCLUSIONS:** Acute pancreatitis is a major financial burden on health care systems due to high inpatient costs and frequent need for medical care that extends beyond the hospital stay. Despite a reduction in charge per case, total inpatient charges of pancreatitis have increased to rising incidence.

PID4

## ECONOMIC COST OF HIV INFECTION IN UNTREATED WORKERS: AN EMPLOYER'S PERSPECTIVE

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It is necessary to understand the direct and indirect costs of HIV infection in untreated workers in order to estimate the value of aggressive antiretroviral therapies from an employer's perspective. Currently the cost of HIV/AIDS from an employer's perspective is not well understood. **OBJECTIVES:** To estimate lifetime costs of HIV infection in untreated employees from an employer's perspective. **METHODS:** A simulation model was developed to predict costs of HIV infection in untreated employees from an employer's perspective over a ten-year time frame. This model utilized age, CD4+ cell counts, and plasma HIV-1 RNA level as major predictors of disease progression and expected patient survival to estimate lifetime costs. Major direct cost components were health insurance premium, life insurance premium, short-term disability benefits, long-term disability benefits, and hiring/training expenses. The indirect cost included productivity loss at work. **RESULTS:** For a hypothetical 35-year old HIV-positive employee with CD4+ cell counts at 380 cells/mm3 and HIV-1 RNA at 22,000 copies/ml, the model estimated that the total direct and indirect costs of HIV infection was $165,873 from the employer's perspective over a 10-year period. This included $66,659 for health insurance, $12,788 for life insurance costs, $8,580 for short-term and long-term disability benefits, $25,894 for hiring and training expenses and $51,952 due to productivity loss. Sensitivity analyses suggested that changes in employee age, CD4+ cell count, HIV-1 RNA viral load, and CD4+ cell decline rate were important parameters that significantly impact the costs of untreated HIV workers to employers. **CONCLUSION:** Without effective antiretroviral therapy, HIV infection could result in significant direct and indirect costs to employers. Therefore, the cost-effectiveness of treatment with advanced antiretroviral regimen should be considered for HIV infected workers.

PID5

## MOXIFLOXACIN VS AMOXICILLIN/CLAVULANATE IN THE TREATMENT OF ACUTE MAXILLARY SINUSITIS (AMS): EFFICACY, SAFETY AND PATIENT-REPORTED OUTCOMES IN PRIMARY CARE

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**OBJECTIVE:** This study was designed to reflect real-world experience in the treatment of patients with AMS. Efficacy, safety, and patient-reported outcomes variables were compared between moxifloxacin (MXF) and amoxicillin/clavulanate (AC) for the management of AMS in a primary care setting. **METHODS:** In this prospective, multicenter, non-blinded phase IIIb trial, 475 adult patients with symptoms of AMS were randomized to receive a 10-day oral regimen of either MXF (400mg once-daily) or AC (875mg twice-daily). Clinical success at the test-of-cure (TOC) visit (post-therapy days 14–21) was the primary efficacy measure. Secondary outcomes included rate of clinical relapse at follow-up (post-therapy days 26–46) and exploratory evaluation of patient-reported outcomes variables. Safety data was also tabulated from intent-to-treat (ITT) patients. **RESULTS:** Of